PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number				
			23122.01										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			13				ſ	RATE	FEE	] [	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			/3 - minus 20=		· 08			X\$ 9=		OR	X\$18≈		
INDEPENDENT CLAIMS			/- minus 3 =		Ó			X42=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							I	TOTAL	375.0	<b>3</b>	TOTAL		
CLAIMS AS AMENDED - PART II									177	•	OTHER		
	1-29-05	(Column 1)	(Column 2) HIGHEST			(Column 3)		SMAL	LENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	• 13	Minus	** (	20	- /		X\$ 9=		OR	X\$18=	· )	
ME	Independent	* /	Minus	***	≤	= /		X42=		OR	X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	TCLAIM			+140=		OR	+280=		
								TOTA			TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)							ADDIT. FE	:E		ADUII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X42=		OR	X84=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	TCLAIM		}	+140=		OR	+280=		
į							1	TOT/ ADDIT, FE		OR	TOTAL ADDIT. FEE		
	. (Column 1) (Column 2) (Column 3								.C. <b>L</b>		ADDII. FEC		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Q Z	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		<b>1</b> =		X42=	+	OR	X84=		
الم	FIRST PRESE	NTATION OF N	IULTIPLE DE	PENDEN	IT CLAIM		]		+	1	<del></del>	<del>                                     </del>	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												<del> </del>	
**	If the "Highest Nu	imber Previously I	Paid For IN THI Paid For IN TH	IS SPACE	is less that is less that	an 20, enter "20. an 3, enter "3."		ADDIT. FE	E	JOR	ADDIT. FEE		
1	The "Highest Nur	nber Previously P	aid For (Total c	r Indepen	dent) is th	e highest numbe	er fo	und in the	appropriate b	ox in c	olumn 1.		

FORM PTO-875 (Rev. 12/02) \*U.S. Governor

\*U.S. Government Printing Office: 2003-499-484/79011

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